

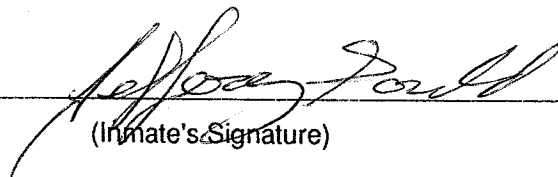
RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE

I, Bould, Jeffrey # 140977 acknowledge receipt of the
(Inmate's Name, AIS #)
following medical equipment/appliance.

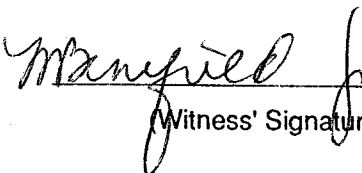
- ☒ Eyeglasses
☐ Dentures
☐ Prosthesis (please specify) _____
☐ Wheelchair
☐ Other (please specify) _____

I acknowledge that the equipment/appliance is functional for my use.

I also acknowledge the equipment/appliance is in good working condition.


(Inmate's Signature)

12-3-93
(Date)


(Witness' Signature)

12-3-93
(Date)

Distribution:

Original - Blue Medical Jacket

Yellow - Kilby Medical Supply

RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE

I, Donald Jeffery 140927 acknowledge receipt of the
(Inmate's Name, AIS #)
following medical equipment/appliance.

- ☒ Eyeglasses
☐ Dentures
☐ Prosthesis (please specify) _____
☐ Wheelchair
☐ Other (please specify) _____

I acknowledge that the equipment/appliance is functional for my use.

I also acknowledge the equipment/appliance is in good working condition.

Jeffery Gould
(Inmate's Signature)

11-23-93
(Date)

P. Ford Lon
(Witness' Signature)

11/23/93
(Date)

Distribution:

Original - Blue Medical Jacket

Yellow - Kilby Medical Supply

EYE EXAMINATION SHEET

TO: (Service, Physician)	FROM: (Requesting Ward, Med. Fac., Phys.)	Date of Request 10/7/93		
Reason For Request (Complaints and Findings)				
Past History				
Old Rx				
Signature	Type of Consult <input type="checkbox"/> Emergency <input type="checkbox"/> Routine			
<div style="text-align: center;">CONSULTATION REPORT</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Subjective: OD 20/40 ✓ OS 20/70 S</p> <p>New Rx: OD — 050 — 050 x 122 OS — 050 — 150 081 (FCW)</p> <p>Seg. Type: Seg. Ht.</p> <p>IDP & Time: 10/11</p> <p>Frame: Size: Color:</p> </div> <div style="width: 50%;"> <p>OPHTH: 2020 4/0 / WMM</p> <p>Ext: Date Dispensed & Initials:</p> <p style="text-align: center;">CR-39 66/63 46/24/5 1/2</p> </div> </div> <div style="text-align: right; margin-top: 50px;"> OPTOMETRIST'S SIGNATURE </div>				
Patients Last Name Gould,	First Jeffrey	Middle Age 29	R/S W/M	ID No. 140977

CORRECTIONAL HEALTH CARE
MEDICAL REFERRAL FORM

Mailed 10/15/91

NAME: Gould Jeffrey ID# 140977 RACE/SEX: W/M DOB 11-6-63To: Dr. Danny Hartzog
Physician SpecialtyADDRESS College St. Clayton, Ala TELEPHONE 775-3295FACILITY: Ventress EMPLOYEE SIGNATURE: Mal F. HERNAN D.O.N.PRESENT MEDICATIONS: Doxycycline 50mg Tid X 10 Days / Chromycin 9HsALLERGIES: HalalREASON FOR REFERRAL: This inmate Presented to the infirmary with Saturday 10/12/91 irritated R-eye & edema. He came back 10/15/91. to see Dr. McDonan Dr. DX him to have Conjunctivitis. Dr. McDonan is requesting for inmate to see Dr. Hartzog.☐ APPROVED ☐ NOT APPROVED SIGNATURE: _____

Medical Director

ACTION TAKEN _____

DATE OF APPOINTMENT: _____ TIME: _____

APPOINTMENT MADE BY: _____

☐ KEPT ☐ NOT KEPT REASON: _____

DATE OF REAPPOINTMENT: _____ TIME: _____

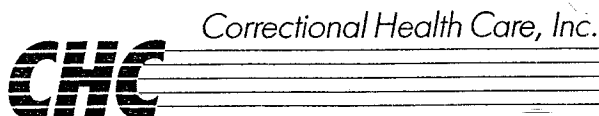
APPOINTMENT MADE BY: _____

☐ KEPT ☐ NOT KEPT REASON: _____

COMMENTS: _____


Original - Facility File

Yellow - Medical Record



EYE EXAMINATION SHEET

M 28

TO: (Service, Physician) Dr. Bradford		FROM: (Requesting Ward, Med. Fac., Phys.) West Ward		Date of Request 6-14-90
Reason For Request (Complaints and Findings) No ↓ IA				
Past History				
Old Rx				
Signature		Type of Consult	<input type="checkbox"/> Emergency	<input type="checkbox"/> Routine
CONSULTATION REPORT				
Subjective: OD 25 OS 30		OPHTH: 3080 90 / Jm		
New Rx: OD - 0.50 OS - 0.50		Ext:		
PL - 1.00 X 076 / NOT R'D		Date Dispensed & Initials:		
Seg. Type:		Seg. Ht.		
IDP & Time: 13 15 (10A)				
Frame: Size: Color:				
		 OPTOMETRIST'S SIGNATURE		
Patients Last Name	First	Middle	Age	R/S
Gould,	Jeffery		26	WM
ID No.			140977	



**MEDICAL SOUTH
VISION CENTER**
P.O. Box 170053 Birmingham, AL 35217
(205) 324-3334 (800) 239-7233 FAX (205) 324-3817

PATIENT'S NAME <i>Jeffrey Harold</i>		DATE <i>10-13</i>	
EMPLOYEE ID <i>140938</i>		P.O.#	
<input type="checkbox"/> POLYCARBONATE (LIFESTYLE) <input checked="" type="checkbox"/> GLASS <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER			
SPECIAL INSTRUCTIONS <i>Ventness</i>			
R	SPHERE <i>-50</i>	CYLINDER <i>-50</i>	AXIS <i>102</i>
L	SPHERE <i>-50</i>	CYLINDER <i>-50</i>	AXIS <i>81</i>
R	ADD <i>1663</i>		
L	ADD <i>1663</i>		
<input type="checkbox"/> FT 7x25 <input type="checkbox"/> Exec. Bifocal <input type="checkbox"/> FT 7x28 <input type="checkbox"/> Exec. Trifocal <input type="checkbox"/> FT 8x35 <input type="checkbox"/> RD <input type="checkbox"/> FT 35 <input type="checkbox"/> Other <input type="checkbox"/> LINE FREE™ PROGRESSIVE <input type="checkbox"/> Other Progressive			
<input type="checkbox"/> PHOTOGRAY EXTRA <input type="checkbox"/> PHOTOGRAY COLOR			
<input type="checkbox"/> TINT <input type="checkbox"/> SOLID <input type="checkbox"/> GRAD			
<input type="checkbox"/> FRAME <input type="checkbox"/> LENSES <input type="checkbox"/> OVERSIZE <input type="checkbox"/> TINT <input type="checkbox"/> MISC. <input type="checkbox"/> MERCHISE TOTAL <input type="checkbox"/> TAX <input type="checkbox"/> SHIPPING <input type="checkbox"/> TOTAL <input type="checkbox"/> CO-PAY <input type="checkbox"/> TAX <input type="checkbox"/> TOTAL <input type="checkbox"/> SHIP DATE			
EYE SIZE <i>46</i>			
BRIDGE SIZE <i>24</i>			
TEMPLE LENGTH <i>151/2</i>			
SIDE SHIELDS <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> DETACHABLE <input type="checkbox"/> METAL <input checked="" type="checkbox"/> SUPPLY FRAME <input type="checkbox"/> FRAME TO COME <input type="checkbox"/> EYL <input type="checkbox"/> FRAME ENCLOSED <input type="checkbox"/> LENS ONLY			
PROFESSIONAL SIGNATURES			
BILL TO: <i>Kelly</i>			
ACCOUNT # <i>010015</i>			
814488			
ACCOUNTING			

POLYCARBONATE AVAILABLE ONLY IN THESE STYLES

FRAME INFORMATION

U/A DIPSTICK REPORT

STATON HEALTH CARE UNIT

Name: Gould, Jeffery AIS# 140977 R/S WM
Facility: SEC DOB: 11/6/63 AGE: 35
Collection Date: 9/4/99 Time: _____
Annual Physical ☒ Random _____ Repeat _____ Daily _____
After Rx. Completion _____ Chronic Care Clinic Protocol _____
Urine Appearance: Color yellow Clarity clear Odor 6
Specific Gravity: 1.010
PH: 10.0 to 6
LEAKOCYTES: to 6
NITRATE: 6
PROTEIN: 6
GLUCOSE: uwl
KETONES: 6
UROBILINOGEN: uu
BILIRUBIN: 6
BLOOD: 6 HEMOGLOBIN: 6
WNL: ☒ ABNORMAL: _____
OBTAINING NURSE'S SIGNATURE: K. Munnigatta 9/4/99
REVIEWING PHYSICIAN'S SIGNATURE: Kaupay Date _____
Date _____

LabCorp®

UNVREF# 1-2 279983 Rev. 11/97

AUG 1998

WESLEY BUSINESS FORMS - BURLINGTON, NC 27216-2305 - (336) 228-8338

Universal # 1 - 2 part

3098228701

Specimen #	Type	Lab	Report Status
060-205-0113-0	S	MB	FINAL
Additional Information			
DOB: 11/06/63			
Patient Name	Sex	Age (Yr/Mos)	
GOULD, JEFFREY	M	035/03	
Patient Address			
Date Collected	Date Entered	Date Reported	
03/01/99	03/01/99	03/02/99	8910

Clinical Information		03/02/99	03:09
Physician ID	Patient ID		
LAYBOURN	140977		
Account			
STATION CORRECTIONAL CENTER		013305	
CORRECTIONAL MEDICAL SERVICES		00	
HIGHWAY 143		02	
ELMORE, AL 36025-			
334-567-2221		ALY	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
LP					
Cholesterol, Total	180		mg/dL	100 - 199	M
Triglycerides	300	H	mg/dL	0 - 199	M
HDL Cholesterol	37		mg/dL	35 - 150	M
VLDL Cholesterol Cal	60	H	mg/dL	5 - 40	
LDL Cholesterol Calc	83		mg/dL	0 - 125	

LAB: MB LABCORP BIRMINGHAM

DIRECTOR: CONTACT

LABORATORY

1801 FIRST AVENUE SOUTH BIRMINGHAM, AL 35233-0000

DIRECTOR: CONTACT

LABORATORY

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 800-659-3324 LAB: 800-621-9037

LAST PAGE OF REPORT

VMO

REPORT

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UNIVERSAL 1-2 279983 Rev. 11/97

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Universal # 1 - 2 part

3098228701

Specimen #	Type	Prn.	Report Status
042-205-0139-0	5	MB	PRELIM PG 1
Additional Information			
DOB: 11/06/63			
Patient Name		Sex	Age (Yr/Mos)
GOULD, JEFFERY		M	035/03
Patient Address			
Date Collected	Date Entered	Date Reported	
02/10/99	02/11/99	02/12/99	8817

Clinical Information	
02/12/99 09:50	
Physician ID	Patient ID
FAISAL	140977
Account	
STATON CORRECTIONAL CENTER 013305	
CORRECTIONAL MEDICAL SERVICES 02	
HIGHWAY 143 02	
ELMORE, AL 36025-	
334-567-2221 ALY	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
SPECIMEN STATUS REPORT				WILL FOLLOW	M
CMP12+ALT+Chol+Fe+GGT+LD+P+...					
CHEMISTRIES					M
Glucose, Serum	161	H	mg/dL	65 - 109	M
Uric Acid, Serum	5.4		mg/dL	2.2 - 8.7	M
BUN	10		mg/dL	5 - 26	M
Creatinine, Serum	1.0		mg/dL	0.5 - 1.3	M
BUN/Creatinine Ratio	10				
Sodium, Serum	140		mEq/L	135 - 148	M
Potassium, Serum	4.0		mEq/L	3.5 - 5.5	M
Chloride, Serum	106		mEq/L	96 - 109	M
Calcium, Serum	10.0		mg/dL	8.5 - 10.5	M
Phosphorus, Serum	1.9	L	mg/dL	2.5 - 4.5	M
Protein, Total, Serum	7.2		g/dL	6.0 - 8.5	M
Albumin, Serum	4.1		g/dL	3.5 - 5.5	M
Globulin, Total	3.1		g/dL	1.5 - 4.5	M
A/G Ratio	1.3			1.1 - 2.5	
Bilirubin, Total	0.4		mg/dL	0.1 - 1.2	M
Alkaline Phosphatase, Serum	85		IU/L	25 - 130	M
LDH	198		IU/L	100 - 250	M
AST (SGOT)	53	H	IU/L	0 - 45	M
ALT (SGPT)	87	H	IU/L	0 - 50	M
GGT	135	H	IU/L	0 - 85	M
Iron, Serum	221	H	mcg/dL	40 - 180	M
LIPIDS					M
Cholesterol, Total	211	H	mg/dL	100 - 199	M
Triglycerides	232	H	mg/dL	0 - 199	M
TSH, High Sensitivity, Serum	2.46		mcIU/mL	0.35 - 5.50	M
			Male	Female	
	1- 30 days		0.52 - 16.00	0.72 - 13.10	
	1 mo-5 yrs.		0.55 - 7.10	0.46 - 8.10	
	>5 yrs.		0.35 - 5.50	0.35 - 5.50	

LAB: MB LABCORP BIRMINGHAM

DIRECTOR: CONTACT LABORATORY

1901 FIRST AVENUE SOUTH BIRMINGHAM, AL 35233-0000

DIRECTOR: CONTACT LABORATORY

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 800-659-3324 LAB: 800-621-8037

FINAL REPORT WILL FOLLOW

LabCorp®

Specimen #	Type	Primary	Report Status
042-205-0139-0	S	MB	FINAL
Additional Information			
DOB: 11/06/63			
Patient Name	Sex	Age (Yr/Mos)	
GOULD, JEFFERY	M	035/03	
Patient Address			
Date Collected	Date Entered	Date Reported	
02/10/99	02/11/99	02/12/99	8818

Clinical Information	
02/12/99 15:12	
Physician ID	Patient ID
FAISAL	140377 / SCC
Account	
STATON CORRECTIONAL CENTER 013305	
CORRECTIONAL MEDICAL SERVICES 02	
HIGHWAY 143 02	
ELMORE, AL 36025	
334-567-2221 ALY	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
-------	--------	------	-------	--------------------	-----

SPECIMEN STATUS REPORT

Quantity was not sufficient for analysis.

TEST: CBC #005009

02/12/99 12:35 GNS.

CMP12+ALT+Chol+Fe+GGT+LD+P+...

CHEMISTRIES

Glucose, Serum	161	H	mg/dL	65 - 109	M
Uric Acid, Serum	5.4		mg/dL	2.2 - 8.7	M
BUN	10		mg/dL	5 - 26	M
Creatinine, Serum	1.0		mg/dL	0.5 - 1.5	M
BUN/Creatinine Ratio	10				
Sodium, Serum	140		mEq/L	135 - 145	M
Potassium, Serum	4.0		mEq/L	3.5 - 5.5	M
Chloride, Serum	106		mEq/L	96 - 109	M
Calcium, Serum	10.0		mg/dL	8.5 - 10.6	M
Phosphorus, Serum	1.9	L	mg/dL	2.5 - 4.5	M
Protein, Total, Serum	7.2		g/dL	6.0 - 8.5	M
Albumin, Serum	4.1		g/dL	3.5 - 5.5	M
Globulin, Total	3.1		g/dL	1.5 - 4.5	M
A/G Ratio	1.3			1.1 - 2.5	M
Bilirubin, Total	0.4		mg/dL	0.1 - 1.2	M
Alkaline Phosphatase, Serum	85		IU/L	25 - 150	M
LDH	198		IU/L	100 - 250	M
AST (SGOT)	53	H	IU/L	0 - 45	M
ALT (SGPT)	87	H	IU/L	0 - 50	M
GGT	135	H	IU/L	0 - 85	M
Iron, Serum	221	H	mcg/dL	40 - 180	M

LIPIDS

Cholesterol, Total	211	H	mg/dL	100 - 199	M
Triglycerides	232	H	mg/dL	0 - 199	M
TSH, High Sensitivity, Serum	2.46		mcIU/mL	0.35 - 5.50	M
			Male	Female	
	1-30 days		0.52 - 16.00	0.72 - 13.10	
	1 mo-5 yrs.		0.55 - 7.10	0.46 - 8.10	
	>5 yrs.		0.35 - 5.50	0.35 - 5.50	

LAB: MB LABCORP BIRMINGHAM

DIRECTOR: CONTACT LABORATORY

1801 FIRST AVENUE SOUTH BIRMINGHAM, AL 35233-0000

DIRECTOR: CONTACT LABORATORY

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WESLEY BUSINESS FORMS - BURLINGTON, NC 27216-2305 - (336) 228-9338

Universal # 1 - 2 part

3098228701

GOULD, JEFFERY

(COMPLETE) (H)

Age
33/11Sex
MControl #
51125224596Patient ID
140977

Phys ID

DOB 11/06/63

Fasting

Account Number 01302895
KILBY CORRECTIONAL FACILITY
CORRECTIONAL MEDICAL SERVICES
P.O. BOX 11
MT. MEIGS, AL 36057-0000
(334) 215-6665

Tot Vol
0000

NPY 26

Spec Date 10/23/97 7:00

Received 10/23/97

Reported 10/25/97 12:08

Seq# 1401

TEST	RESULT	OUT OF RANGE	UNITS	LIMITS	LAB
STS-REFLEX MHA-TP & RPR TITER					
STS	Non-Reactive			Non-Reactive	MB
URINALYSIS, COMPLETE					
URINALYSIS GROSS EXAM					MB
Specific Gravity	1.020			1.005- 1.030	MB
pH	5.0			5.0- 7.5	MB
Urine-Color	YELLOW			Yellow	MB
Appearance	CLEAR			Clear	MB
WBC Esterase	NEG.			Negative	MB
Protein	NEG.			Negative/Trace	MB
Glucose	NEG.			Negative	MB
Ketones	NEG.			Negative	MB
Occult Blood	NEG.			Negative	MB
Bilirubin	NEG.			Negative	MB
Urobilinogen, Semi-Qn	NORMAL			0- 2	MB
Nitrite, Urine	NEGATIVE			Negative	MB
Microscopic Examination					MB
Microscopic follows if indicated.					
Microscopic Examination					MB
WBC/HPF	None seen.			0 - 5	MB
RBC/HPF	None seen.			0 - 3	MB
Epithelial Cells	None seen.			0 -10	MB
Crystals					MB
Few calcium oxalate crystals.					
HIV-1 ABS-EIA					MB
HIV-1 ABS, SEMI-QN					MB
Result: NEGATIVE by EIA screen.					
No antibodies to HIV-1 detected.					
NOTE: Submission of serum separator tube recommended for this test. Thank you for your cooperation if you are already doing so.					MB
CBC WITH DIFFERENTIAL					MB
White Blood Count	7.3		X 10 ³ /uL	4.0- 10.5	MB
Red Blood Count	4.61		X 10 ⁶ /uL	4.10- 5.60	MB
Hemoglobin	14.4		g/dL	12.5- 17.0	MB

T/m
10/29/97

GOULD, JEFFERY

(COMPLE) (H)

Age
33/11Sex
MControl #
51125224596Patient ID
140977

Phys ID

DOB 11/06/63

Fasting

Account Number 01302895
 KILBY CORRECTIONAL FACILITY
 CORRECTIONAL MEDICAL SERVICES
 P.O. BOX 11
 MT. MEIGS, AL 36057-0000
 (334) 215-6685

Tot Vol
00000

NPY 26

Spec Date 10/23/97 7:00

Received 10/23/97

Reported 10/25/97 12:08

Seq# 1401

TEST	RESULT	OUT OF RANGE	UNITS	LIMITS	LAB
Hematocrit	43.6		%	36.0- 50.0	MB
MCV	95		fL	80- 98	MB
MCH	31.2		pg	27.0- 34.0	MB
MCHC	33.0		g/dL	32.0- 36.0	MB
Platelets	220		X 10 ³ /uL	140- 415	MB
Polys		37 L	%	40- 74	MB
Lymphs		48 H	%	14- 46	MB
Monocytes	8		%	4- 13	MB
Eos	6		%	0- 7	MB
Basos	1		%	0- 3	MB
Polys (Absolute)	2.7		X 10 ³ /uL	1.8- 7.8	MB
Lymphs (Absolute)	3.5		X 10 ³ /uL	0.7- 4.5	MB
Monocytes (Absolute)	0.6		X 10 ³ /uL	0.1- 1.0	MB
Eos (Absolute Value)	0.4		X 10 ³ /uL	0.0- 0.4	MB
Baso (Absolute)	0.1		X 10 ³ /uL	0.0- 0.2	MB

LAB: MB LABCORP HOLDINGS

DIRECTOR: CONTACT LABORATORY

1801 FIRST AVENUE SOUTH, BIRMINGHAM, AL 35233-0000

LAST PAGE OF REPORT

T.M.
10/29/97



One Malcolm Avenue
Teterboro, New Jersey 07608
201-393-5000
800-631-1390 Client Service

**Clinical
Laboratory
Report**

RAYMOND J. MBINO, M.D.
JOSEPH E. O'BRIEN, M.D.

CHARLENE S. POLAN, M.D.
CHARLENE S. POLAN, M.D.

Patient Name GOULD, JEFFREY		Date Drawn 09/20/93	Date Received 09/21/93	Date of Report 09/21/93
Sex M	Age AM	Client Name / Address KILBY CORRECTIONAL FACILI	I.D. Number 40600	Account Number 2
Referring Physician GUEST W140977		WARES FERRY ROAD MT. MEIGS AL 36057	CLIA # 31D0696246	Specimen Number 314569
Patient ID / Soc. Sec. Number				Time Drawn 0600

CLIENT INFO: NPY 6

TEST NAME		RESULT		UNITS	REFERENCE RANGE	
		ABNORMAL	NORMAL			
COMPLETE BLOOD COUNT						
WBC			8.80	THOUS. /CU. MM	3.90-11.3	
RBC			4.85	MIL. /CU. MM	4.50-5.90	
HGB			15.4	GM/DL	13.5-17.6	
HCT			46.0	PERCENT	40.0-52.0	
MCV			95.0	FL	83.0- 103	
MCH			31.8	PG	27.0-33.0	
MCHC			33.5	PERCENT	31.0-37.0	
RDW			13.0	PERCENT	12.0-16.2	
MPV			11.3	FL	9.30-14.3	
PLATELET COUNT			270.0	THOUS. /CU. MM	140- 440	
DIFFERENTIAL						
*	POLY	(39.4 PCT)	4338	3467	CU. MM	1650-8330
	LYMPH	(49.3 PCT)			CU. MM	1049-3581
	MONO	(7.2 PCT)		633	CU. MM	61.0- 929
	EOS	(3.5 PCT)		308	CU. MM	40.0- 423
	BASEO	(0.6 PCT)		52	CU. MM	10.0- 148

HIV NON-REACTIVE

RPR NON-REACTIVE

URINE DIPSTICK NEGATIVE

DEPARTMENT OF CORRECTIONS

Paroled
11/10/92

33

NAME: <i>Gould, Jeffery</i>		<input type="checkbox"/> ROUTINE	<input type="checkbox"/> STAT	<input type="checkbox"/> OUTPATIENT
R/S: <i>Wm</i>	DOB: <i>11-6-63</i>	Date Requested: <i>11-23-92</i>	By: <i>C. Mowley LON</i>	
PRISON NUMBER: <i>140977</i>		Date Collected: <i>11-24-92</i>	By: <i>DB</i>	
LOCATION: <i>REHF</i>		Date Reported: <i>11-25-92</i>	By: <i>DB</i>	
DOCTOR: <i>Gust</i>		TEST REQUESTED: <i>HIV RPR</i>	SERVICE CODE	
REPORT:				
HIV NON-REACTIVE				
RPR NON-REACTIVE				
Technician	Date	Department		

LABORATORY MISCELLANEOUS F-27

PATIENT'S NAME LAST	FIRST	MIDDLE	AGE	R/S	ID. NO.
<i>Gould</i>	<i>Jeffery</i>	<i>140977</i>	<i>29</i>	<i>Wm</i>	

SPECIMEN #	TYPE	PRIMARY LAB	REPORT STATUS
152-905-7091-0	S		FINAL PG 1
TIME 0800 SRC-UNKNOWN NPY-13 IML			
PATIENT NAME		SEX	AGE (YR/MOS)
GOULD, JEFFREY		M	026/00
PT ADD.			
DATE OF SPECIMEN	DATE RECEIVED	DATE REPORTED	
06/01/90	06/01/90	06/04/90	0714

CLINICAL INFORMATION

PHYSICIAN ID	PATIENT ID
WILSON	W140977
ACCOUNT	
CHC KILBY CORRECTIONAL FAC 0103094	
WARY-FERRY RD 04	
MONTGOMERY, AL 35242 04	
205-271-2300 ALY	

TEST	RESULT	LIMITS	LAB
GENITAL CULTURE SCREEN	FINAL REPORT		MI

NO NEISSERIA GONORRHOEA ISOLATED IN 48 HOURS.

DIRECTOR: JAMES A DAVIS III MD

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 205-288-7622 LAB: 800-621-8037

LAST PAGE OF REPORT

FOLD

FOLD

PATIENT NAME					PATIENT ID					SPEC. NO.		SPEC. DATE		
BONE		ELECTROLYTES			HEART		LIVER					LIPIDS		
Calcium mg/dl (8.5-10.6)	Phosphorus mg/dl (2.5-4.5)	Sodium mEq/L (135-148)	Potassium mEq/L (3.5-5.5)	Chloride mEq/L (94-109)	LDH IU/L (100-250)	AST (SGOT) IU/L (0-50)	T. Billi mg/dl (0.1-1.2)	GGT (IU/L) (M 0-65) (F 0-45)	ALT (SGPT) IU/L (0-50)	Alk. Phos. IU/L (20-125)	Cholesterol mg/dl < 200	Triglycerides mg/dl (10-250)		
PROTEIN			KIDNEY			THYROID			MISCELLANEOUS					
T Protein g/dl (6.0-8.5)	Globulin g/dl (1.5-4.5)	Albumin g/dl (3.5-5.5)	A/G Ratio (1.1-2.5)	BUN mg/dl (7-26)	Creatinine mg/dl (0.5-1.5)	T ₄ μg/dl (4.5-12.5)	T ₃ Uptake % (35-45)	Free T ₄ Index (1.6-5.6)	TSH μ IU/ml (0.5-5.0)	Uric Acid mg/dl (M 3.9-9.0) (F 2.2-7.7)	Glucose mg/dl < 50 yrs. (60-115)	Iron μg/dl (40-180)		
HEMATOLOGY														
RBC x 10 ⁶ /mm ³ (M 4.3-5.9) (F 3.5-5.5)	HGB g/dl (M 13.9-18.0) (F 12.0-16.0)	HCT % (M 39-55) (F 36-48)	MCV μm ³ (80-100)	MCH μg (26-34)	MCHC % (31-37)	Platelets x 10 ³ /mm ³ (140-440)	WBC x 10 ³ /mm ³ (4.0-10.5)	Polys (45-75%) (1.5-8.0)	Bands (0-5%)	Metas (0%)	Lymphs (20-45%) (0.8-3.2)	Mono (0-10%) (0.0-0.8)	EOS (0-6%) (0-0.5)	BASO (0-2%) (0-0.1)

RESULTS ARE FLAGGED IN ACCORDANCE WITH AGE DEPENDENT REFERENCE RANGES WHICH ARE SUMMARIZED ON THE BACK OF THIS REPORT.

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REPORT

SPECIMEN #		TYPE	PRIMARY LAB	REPORT STATUS	PG	1	03	01
152-005-0496-0		S		FINAL	PG	1		
TIME 0000		ADDITIONAL INFORMATION						
1U 1L 1SST								
NDY 13								
PATIENT NAME				SEX	AGE (YR/MOS)			
GOULD, JEFFERY				M	026/90			
PT ADD								
DATE OF SPECIMEN		DATE RECEIVED		DATE REPORTED				
06/01/90		06/01/90		06/02/90		0620		
CLINICAL INFORMATION								
PHYSICIAN ID				PATIENT ID				
WILSON				W 140977				
ACCOUNT								
CHC KILBY CORRECTIONAL FAC				0103894				
				04				
WARY-FERRY RD				04				
MONTGOMERY, AL				35242-				
205-271-2300				ALY				
LIMITS LAB								

CBC WITHOUT DIFF

URINALYSIS, ROUTINE

URINALYSIS GROSS EXAM

TEST	RESULT	LIMITS	LAB
SPECIFIC GRAVITY	1.020	1.010 - 1.030	MI
PH	5.0	5.0 - 7.0	MI
URINE-COLOR	YELLOW	YELLOW	MI
APPEARANCE	CLEAR	CLEAR	MI
WBC ESTERASE	NEG.	NEGATIVE	MI
PROTEIN	NEG.	NEGATIVE	MI
GLUCOSE	NEG.	NEGATIVE	MI
KETONES	NEG.	NEGATIVE	MI
OCCULT BLOOD	NEG.	NEGATIVE	MI

MICROSCOPIC EXAMINATION

MICROSCOPIC FOLLOWS IF INDICATED

RPR (VDRL CONFIRMATION) NON-REACTIVE NON-REACTIVE MI

RPR CONFIRMED BY VDRL IF REACTIVE

HIV ABS-EIA

HIV ABS, SEMI-QUANT

RESULT: NEGATIVE (EIA FINAL REPORT)

INTERPRETATION: WESTERN BLOT NOT PERFORMED SINCE EIA WAS NEGATIVE.

ANTIBODIES MAY NOT BE DETECTIBLE IN EARLY INFECTION OR

ADVANCED AIDS. SENSITIVITY/SPECIFICITY OF ASSAY >99.7%.

PHYSICIAN SHOULD COUNSEL THE PATIENT ABOUT RESULT SIGNIFICANCE.

PATIENT INFORMATION SHOULD BE KEPT STRICTLY CONFIDENTIAL. CODED

NAME DESIGNATIONS FOR SPECIMENS PROVIDE THE GREATEST ASSURANCE

FOR CONFIDENTIALITY AND SHOULD BE USED IF THIS PRACTICE IS

ACCEPTABLE IN THE STATE WHERE PATIENT RESIDES.

PATIENT NAME				PATIENT ID				SPEC NO.		SPEC DATE				
BONE		ELECTROLYTES		HEART		LIVER		LIPIDS						
Calcium mg/dl (8.5-10.6)	Phosphorus mg/dl (2.5-4.5)	Sodium mEq/L (135-148)	Potassium mEq/L (3.5-5.5)	Chloride mEq/L (94-109)	LDH IU/L (100-250)	AST (SGOT) IU/L (0-50)	T. Bili mg/dl (0.1-1.2)	GGT (IU/L) (M 0-65) (F 0-45)	ALT (SGPT) IU/L (0-50)	Alk. Phos. IU/L (20-125)	Cholesterol mg/dl < 200	Triglycerides mg/dl (10-250)		
PROTEIN		KIDNEY		THYROID		MISCELLANEOUS								
T. Protein g/dl (6.0-8.5)	Globulin g/dl (1.5-4.5)	Albumin g/dl (3.5-5.5)	A/G Ratio (1.1-2.5)	BUN mg/dl (7-26)	Creatinine mg/dl (0.5-1.5)	T ₄ μg/dl (4.5-12.5)	T ₃ Uptake % (35-45)	Free T ₄ Index (1.6-5.6)	TSH μIU/ml (0.5-5.0)	Uric Acid mg/dl (M 3.9-9.0) (F 2.2-7.7)	Glucose mg/dl < 50 yrs. (60-115)	Iron μg/dl (40-180)		
HEMATOLOGY														
RBC x10 ⁹ /mm ³ (M 4.3-5.9) (F 3.5-5.5)	HGB g/dl (M 13.9-18.0) (F 12.0-16.0)	HCT % (M 39-55) (F 36-48)	MCV μm ³ (80-100)	MCH pg (26-34)	MCHC % (31-37)	Platelets x10 ⁹ /mm ³ (140-440)	WBC x10 ⁹ /mm ³ (4.0-10.5)	Polys (45-75%) (1.5-8.0)	Bands (0-5%)	Metas (0%)	Lymphs (20-45%) (0.8-3.2)	Mono (0-10%) (0.0-0.8)	EOS (0-6%) (0-0.5)	BASO (0-2%) (0-0.1)

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REPORT

SPECIMEN #	TYPE	PRIMARY LAB	REPORT STATUS
152-005-0496-0	S		FINAL PG 2
TIME 0800 IU 1L ISSI NPY 13			
PATIENT NAME		SEX	AGE (YR./MOS.)
GOULD		M	026/00
PT. ADD			
DATE OF SPECIMEN	DATE RECEIVED	DATE REPORTED	
06/01/90	06/01/90	06/02/90	0620
TEST		RESULT	

03 01

CLINICAL INFORMATION

PHYSICIAN ID	PATIENT ID
WILSON	W 140977
ACCOUNT	
CHC KILBY CORRECTIONAL FAC 0163094	
WARY-FERRY RD 04	
MONTGOMERY, AL 35242 04	
205-271-2300 ALY	

LIMITS LAB

DIRECTOR: JAMES A DAVIS III MD

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 205-288-7622 LAB: 800-621-8037

LAST PAGE OF REPORT

FOLD

FOLD

PATIENT NAME GOULD JEFFERY					PATIENT ID W 140977					SPEC NO. 1520050496 0		SPEC DATE 06 01 90		
BONE		ELECTROLYTES			HEART		LIVER			LIPIDS				
Calcium mg/dl (8.5-10.6)	Phosphorus mg/dl (2.5-4.5)	Sodium mEq/L (135-148)	Potassium mEq/L (3.5-5.5)	Chloride mEq/L (94-109)	LDH IU/L (100-250)	AST (SGOT) IU/L (0-50)	T. Bill mg/dl (0.1-1.2)	GGT (IU/L) (M 0-65 F 0-45)	ALT (SGPT) IU/L (0-50)	Alk. Phos IU/L (20-125)	Cholesterol mg/dl < 200	Triglycerides mg/dl (10-250)		
PROTEIN			KIDNEY		THYROID			MISCELLANEOUS						
T Protein g/dl (6.0-8.5)	Globulin g/dl (1.5-4.5)	Albumin g/dl (3.5-5.5)	A/G Ratio (1.1-2.5)	BUN mg/dl (7-26)	Creatinine mg/dl (0.5-1.5)	T ₄ μg/dl (4.5-12.5)	T ₃ Uptake % (35-45)	Free T ₄ Index (1.6-5.6)	TSH μIU/ml (0.5-5.0)	Uric Acid mg/dl (M 3.9-9.0 F 2.2-7.7)	Glucose mg/dl < 50 yrs. (60-115)	Iron μg/dl (40-180)		
HEMATOLOGY														
RBC x 10 ⁶ /mm ³ (M 4.3-5.9 F 3.5-5.5)	HGB g/dl (M 13.9-18.0 F 12.0-16.0)	HCT % (M 39-55 F 36-48)	MCV μ ³ (80-100)	MCH μg (26-34)	MCHC % (31-37)	Platelets x 10 ³ /mm ³ (140-440)	WBC x 10 ³ /mm ³ (4.0-10.5)	Polys (45-75%) (1.5-8.0)	Bands (0-5%)	Metas (0%)	Lymphs (20-45%) (0.8-3.2)	Mono (0-10%) (0.0-0.8)	EOS (0-6%) (0-0.5)	BASO (0-2%) (0-0.1)
4.6	14.4	43.8	95	31.4	32.5		5.3							

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CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM

Print Name: Jeffery Gould Date of Request: 8-8-99
ID #: 140977 Date of Birth: 11-6-63 Housing Location: A-3-14T
Nature of problem or request: VERY SERIOUS INFECTION IN MY GUM
PAINFULL. I NEED ANTIBIOTIC'S AN PAIN MEDICATION

I consent to be treated by health staff for the condition described.

[Signature] CONTINUED CARE Gould
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: S/C had EXT last Monday says he
has infection and swelling says he
has been swollen since Thursday
is hurting him

Objective: BP _____ P _____ R _____ T _____

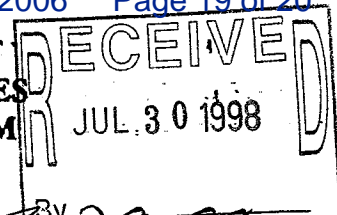
Assessment: SHCU @ 6:15

Plan:

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: [Signature] Title: DA Date: 8-9-99 Time: 5:30

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**



Print Name: Jeff Gould Date of Request: 7-29-98
ID #: 140977 Date of Birth: 11-6-63 Housing Location: 1-18
Nature of problem or request: Out of Tooth TEMPARY FILLING IS

I consent to be treated by health staff for the condition described.

SIGNATURE

Jeffery Gould

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:



Objective: BP _____ P _____ R _____ T _____

Assessment:

Lost Filling ML#2

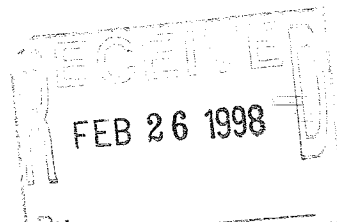
Plan:

Re-filled ML#2
Reappoint Composite #7

Refer to: _____ PA/Physician _____ Mental Health X Dental

Signature: *Dr. [Signature]* Title: DR Date: 7/30/98 Time: 5:40 AM

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM



Print Name: Jeffery Gould Date of Request: 4th Wednesday in Feb

ID #: 140977 Date of Birth: 11 6 63 Housing Location: 1-86T

Nature of problem or request: My filling came out of my front tooth needs. REPLACED!

THANK YOU

I consent to be treated by health staff for the condition described.

SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan: Open # 9

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: Mapp Title: RDH Date: 2-27/98 Time: _____